### **SUPPLEMENTARY INFORMATION FOR:**

**High-density SNP association study and copy number variation analysis of the** *AUTS1* **and** *AUTS5* **loci implicates the** *IMMP2L***-***DOCK4* **gene region in autism susceptibility.**

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### **This file includes:**

- Members of the International Molecular Genetic Study of Autism Consortium (IMGSAC)
- Supplementary Methods
- Supplementary References
- Figures S1 to S4
- Tables S1 and S2

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#### **SUPPLEMENTARY METHODS**

#### **DNA samples**

Genomic DNA was extracted from whole blood or EBV transformed lymphoblastoid cell lines. In a minority of cases DNA was extracted from buccal swabs. For 14% of DNA samples having low concentration  $\left($  < 100ng/ $\mu$ l) whole genome amplification (WGA) was carried out using the GenomiPhi (GE Health Care) or Qiagen kit (REPLI-G). All samples were quantified using PicoGreen and subsequently normalised to 100  $ng/µl.$ 

#### **Genotyping Quality Control**

20 duplicate SNPs (10 for each chromosome) were genotyped in stages 1 and 2 to test for experiment-wise concordance10 chromosome X SNPs were also genotyped to estimate levels of mistyping. Two HapMap CEPH samples were added to each 96 well sample plate for quality control validation of inter-plate concordance and quality assurance. All SNPs were examined for genotyping quality. Pedstats<sup>1</sup> was used to calculate MAF, genotyping call rate and deviation from Hardy-Weinberg equilibrium. We excluded all SNPs with less than 90% genotyping rate, SNPs deviating from Hardy-Weinberg Equilibrium  $(P < 0.001)$  in the control population, and SNPs with more than 1 Mendelian error. DNA samples with less than 90% genotyping rate were excluded. All SNP cluster plots were visually inspected using the BeadStudio software, and SNPs with bad clustering or more than three clusters were excluded. SNPs with ambiguous clusters were sequenced using the dideoxy chain termination method in order to resolve Mendelian errors. In this way a number of SNPs were "rescued". Most SNPs with multiple clustering turned out to have a secondary SNP

nearby, in the allele-specific or locus-specific primer sequences; a few SNPs were triallelic.

In addition, genotyping success rates were evaluated in cases versus controls and in WGA versus non-WGA samples. No significant differences in missingness were detected.

#### **Statistical Analysis**

#### *Power Calculations*

Preliminary power calculations were performed in order to determine the optimum study design. Genotypes were simulated using an autism prevalence of 0.17% and allelic odds ratios (OR) ranging from 1.1 to 1.6. and a range of risk allele frequencies from 0.05 to 0.5.

Two alternative strategies were compared, given fixed genotyping resources totalling 1.8 million genotypes. *i*) Strategy A: type 200 controls and 100 sib-pair families (both affected sibs), chosen at random, at 3000 SNPs. *ii*) Strategy B: type 200 controls and 133 families (one affected sibs), selected for IBD, at 3000 SNPs. In 1000 replicates, strategy B ourperformed strategy A, for any combination of OR and risk allele frequencies. For instance, in the case-control analysis the proportion of 1000 replicates yielding significant evidence of association at 5% experimentwise significance level (assuming Bonferroni correction for 3000 tests) at an minor allele frequency of 0.2 and OR of 1.6 was 0.661 for IBD sharing families, but only 0.415 for randomly selected families. In the corresponding family-based calculations, the power was also increased for this alternative strategy; 0.225 compared to 0.099. Power calculations for the IMGSAC-R and ND replication data sets were carried out using the Genetic Power Calculator for discrete trait TDT  $(GPC)^2$ . Parameters used

for the GPC were 0.17% for the disease prevalence, a perfect LD between tested marker and disease allele, an additive model and a type 1 error rate of 0.0018 (applying the Bonferroni correction for 28 replication SNPs tested at each locus). Given that our significant SNPs in the primary sample showed an allelic OR of less than 2, and risk allele frequencies between 0.1 and 0.4, we performed power calculations over a range of risk allele frequencies (0.1-0.4) and of OR (1.2-2), allowing for the winners curse effect. This analysis showed that our combined replication sample (IMGSAC-R and ND collections) including 295 complete trios should give us enough power ( $> 77\%$ ) to detect a risk allele with frequency  $> 0.2$  and genotype relative risk (GRR ) > 1.7, or a risk allele with frequency > 0.1 and GRR > 2.

While the Mount Sinai sample should provide sufficient power for replication due to its larger sample size (358 families), the 62 trios from U. Washington would allow only common variants with a large effect (GRR  $>$  2) to be detected, although this might be an underestimation since these families were selected for increased IBD sharing on chromosome 7 from a larger collection of 222 families.

#### *Comparison of LD levels between autism and HapMap CEU samples*

To comprehensively evaluate how well the LD structure in the HapMap CEU data models the structure found in the IMGSAC autism sample, the level of LD  $(r^2)$ between all tag SNP pairs within 500kb of each other on chromosome 2 was calculated using HaploView and compared between the two populations. LD levels were significantly correlated between the two populations ( $r^2$  = 0.95), indicating that the LD structure in the HapMap CEU data can be readily applied to our autism sample, although there may be a minor loss in capturing the variability.

#### *GENEBPM software*

The GENEBP $M^{3,4}$  algorithm was originally developed to assess haplotype association with disease in population-based studies within small candidate regions or blocks of strong LD. Maximum-likelihood SNP haplotype reconstructions are obtained via implementation of the expectation-maximisation (E-M) algorithm. A Bayesian partition model is used to describe the correlation between SNP haplotypes and causal variants at unobserved functional polymorphisms. Under this model, haplotypes are clustered according to their similarity in terms of marker-SNP allele matched, which is used as a proxy for shared ancestry. Haplotypes within the same cluster are assigned the same probability of carrying a causal variant. In this way, loss of power due to the presence of large numbers of haplotypes, particularly those that are rare, within a block can be avoided. Disease status is modelled in a logistic regression framework, parameterised in terms of additive and dominance effects of the causal variant(s), and here incorporating a main effect of gender. Evidence of association is assessed by means of a Bayes' factor, calculated by comparing the marginal likelihoods of a model of haplotype association (i.e. more than one cluster of haplotypes) with that of no haplotype association (i.e. one cluster of haplotypes). The methodology has also been extended to allow for family-based association studies for samples of trios. The SNP haplotypes in founders are reconstructed using an E-M algorithm, conditioning on the genotype data available in their child. Pseudo-control individuals are matched to each affected child, constructed from the possible haplotype pairs not transmitted to the affected child. Disease status is then modelled in a conditional logistic regression framework, parameterized in terms of additive and dominance effects of the causal variants, as before, but also in terms of parent of

origin effects, to allow for differential transmission of causal variants from the mother and father.

GENEBPM analyses were also performed using a sliding window of 5 SNPs across each chromosomal region. For comparison with frequentist single-SNP analyses, the GENEBPM algorithm has also been applied to each SNP in turn (i.e. single SNP "haplotypes").

#### **Copy number variation**

#### *QuantiSNP analysis*

After exclusion of whole genome amplified samples from the BeadStudio project (approximately 14% of samples), final reports were generated containing B-allele frequency, log R ratio data and build 36 genome coordinates. Data from both GoldenGate arrays were combined for each region, no-calls were deleted and these files were run on QuantiSNP v1.<sup>5</sup> using the following settings: L=1M, array type=100k, EMiters=25, maxcopy=4, GC correction=ON. The QuantiSNP software is not designed specifically for the GoldenGate platform and indeed, the number of CNVs detected suggested a high level of false positives. Therefore DNA samples resulting in a number of  $CNV > 95<sup>th</sup>$  percentile (>5 CNVs per sample) were removed. CNVs were then sorted by log Bayes factor and any scoring less than 10 were removed from further analysis.

## *CNV validation and screening*

Screening of the deletion identified in *UPP2* was carried out by multiplex PCR with two primer pairs: one inside the deleted region giving a fragment of 236 bp in the wild type allele, and the other across the deleted region giving rise to a fragment of 323 bp

in the deleted allele (Fig S2B).

Validation of CNVs in the *IMMP2L*-*DOCK4* region was performed by Quantitative Multiplex PCR of Short fluorescent Fragments (QMPSF)<sup>6</sup>. Short fragments in exons 2, 3, and 6 of the *IMMP2L*, exon 4 of *LRRN3* and exon 52 of *DOCK4* were simultaneously PCR amplified, in a single tube, using dye-labelled primers. An additional fragment, corresponding to exon 7 of the *RNF20* gene located on chromosome 9q, was co-amplified as a control. Sequences and PCR conditions of all primer pairs are available on request from the authors. One µl of the PCR product was resuspended in a mix containing 8.8 µl of deionised formamide, 0.2 µl of GeneScan™ 600 LIZ Size Standard (Applied Biosystems). PCR products were run on an ABI prism 3730 sequencer and the data analysed using  $GENEMAPPER<sup>TM</sup>$  software (Applied Biosystems).

The copy-number was calculated using the following formula:

(A sample/A average) $x(A_{RNF}$  average/ $A_{RNF}$  sample), where "A sample" is the peak area of each locus-specific probe, while "A average" is the average of peak areas of all samples in the same run for the same probe. A reduction greater than 0.4 of the peak area indicates a hemizygous deletion, whereas a duplication results in an increase of at least 1.4. Each positive result was confirmed in a second independent QMPSF assay.

The segregation of the *IMMP2L-DOCK4* deletion in pedigree 15-0084 was also consistent with the inheritance pattern of two SNPs (rs1978247 and rs12672270). Quantitative PCR of *DOCK4* exons 37, 31, 14 and 7 was carried out in blood-derived DNA from subject 15-0084-001 (father), 15-0084-002 (mother) and 15-0084-003 (affected son). The following primers were designed for various *DOCK4* exons using Primer3. Exon7, TGGGTCCTGTTATTTCCTTCAG and

## TTCATCTGGACAAAGAGGTGGT; Exon14, AACCTGTGTGTTCTTCCCTTTG and GACCACCTGGGACTGTTGTTAT; Exon31,

CTCACTTTAGGAGAGCACAAGC and TCTGCTCCCAGTCCATCATATC; Exon37, ATGACGAGCTACTGGAATGGTC and

CCTCTGTCAAAGTTCTGGATGA. The housekeeping gene *GAPDH* was also amplified as a reference gene, using primers TACTAGCGGTTTTACGGGCG and TCGAACAGGAGGAGCAGAGAGCGA. Annealing temperature was 59°C for all PCRs, and efficiencies were calculated using a dilution series of 100ng, 50ng, 25ng, 12.5ng and 6.25ng and 3.125ng of DNA template. All samples were run in triplicate on the iQ5 Real-Time PCR Detection System (BioRad) with the cycle threshold (Ct) means used for calculations. We used the iQ SYBR Green Supermix, and carried out melting curve analysis of PCR products to ensure specific amplification. Ct outliers were removed if the SD of the triplicates was >0.5 cycles. Relative copy number was calculated taking PCR efficiency into account, and using the father (15-0084-001) as a non-deleted reference sample, as described<sup>7</sup>. The experiment was carried out twice and identical results were obtained.

## **Mutation screening**

The entire coding sequence and putative regulatory regions of the *NOSTRIN* and *ZNF533* genes were sequenced in 31 autistic individuals, including all individuals carrying 2 copies of most significant risk alleles; the coding sequence of *UPP2* was sequenced in 47 subjects, including 12 probands carrying the deletion of exons 6 and 7; the *IMMP2L* and *LRRN3* genes were sequenced in eight individuals with autism, including five homozygous for the most significant risk haplotype. No novel coding variants were identified, except one silent change in exon 4 of *UPP2* gene in only one individual.

Sequencing primers and conditions are available on request.

#### **SUPPLEMENTARY REFERENCES**

- 1. Wigginton JE,Abecasis GR. PEDSTATS: descriptive statistics, graphics and quality assessment for gene mapping data. *Bioinformatics* 2005; **21**: 3445-7.
- 2. Purcell S, Cherny SS, Sham PC. Genetic Power Calculator: design of linkage and association genetic mapping studies of complex traits. Bioinformatics. 2003; **19**: 149-50.
- 3. Morris AP. Direct analysis of unphased SNP genotype data in populationbased association studies via Bayesian partition modelling of haplotypes. *Genet Epidemiol* 2005; **29**: 91-107.
- 4. Morris AP. A flexible Bayesian framework for modeling haplotype association with disease, allowing for dominance effects of the underlying causative variants. *Am J Hum Genet* 2006; **79**: 679-94.
- 5. Colella S, Yau C, Taylor JM, Mirza G, Butler H, Clouston P *et al.* QuantiSNP: an Objective Bayes Hidden-Markov Model to detect and accurately map copy number variation using SNP genotyping data. *Nucleic Acids Res* 2007; **35**: 2013-25.
- 6. Saugier-Veber P, Goldenberg A, Drouin-Garraud V, de La Rochebrochard C, Layet V, Drouot N *et al.* Simple detection of genomic microdeletions and microduplications using QMPSF in patients with idiopathic mental retardation. *Eur J Hum Genet* 2006; **14**: 1009-17.
- 7. Pfaffl MW. A new mathematical model for relative quantification in real-time RT-PCR. *Nucleic Acids Res* 2001; **29**: e45.

#### **Supplementary Figure Legends**

#### **Figure S1: Graphical representation of chromosome 2 and 7 GENEPBM analysis**

log<sub>10</sub> Bayes' Factor values are plotted against the chromosome position.

#### **Figure S2: deletion in** *UPP2*

A: Position of the *UPP2* deletion on chromosome 2, shown on the UCSC browser; B: multiplex PCR assay showing 3 samples heterozygous for the deleted allele (lanes 4, 5 and 8)

#### **Figure S3: SNP data showing** *IMMP2L* **/** *DOCK4* **duplication in subject 13-3023-**

**001.** GoldenGate SNP data for the proband is shown on both arrays separately. Data for SNPs showing B-allele frequency consistent with AAB or ABB genotypes are boxed. SNPs within the boundaries of the region detected are highlighted in red. Screenshots are from the Illumina Genome Viewer in BeadStudio.

**Figure S4: Quantitative PCR of** *DOCK4* **exons in pedigree 15-0084.** Quantitative PCR of blood-derived DNA from family 15-0084 indicates that the distal *DOCK4* deletion breakpoint is between exon 31 and exon 14. A relative copy number of 0.7 was used as the threshold for determining deleted regions. 15-0084-001 was used as the non-deleted reference sample.





**Figure S1: GENEPBM analysis** 





B

## Figure S2: deletion in UPP2





# GoldenGate<sup>®</sup> array 1



Figure S3: SNP data showing IMMP2L / DOCK4 duplication in subject 13-3023-001.



Figure S4. DOCK4 copy number determined by qPCR



#### **Table S1. Results of family-based analysis of replication samples using UNPHASED.**

The table shows the nominal P-value for the likelihood ratio statistic, the allele frequency in affected offsprings and in untransmitted parental alleles (Ca-Freq, Co-Freq). Frequencies are reported for the risk allele detected in the primary association analysis. Flip-flop of associated allele is flagged by an asterisk. Nominal *P*-values<0.05 are in bold. UNPHASED family based analysis of the primary IMGSAC sample is in italics.



**Table S1. Results of family-based analysis of replication samples using UNPHASED (continued).**



<sup>a</sup> SNPs also tested in Mount Sinai sample (not significant)<br><sup>b</sup> SNPs also tested in U.Washington sample (not significant)

 $\frac{c}{c}$  PhastCons - highly conserved region

<sup>d</sup> Transcript not annotated in human reference sequence build 36.1

### **Table S2. CNVs detected by QuantiSNP analysis**



<sup>a</sup> Unless otherwise stated, segregation was determined by haplotype analysis of published genotype data (Szatmari et al 2007)